15/5/2010

INS. CASE OWNER:

CC6/CTI23002561/ya3

LKK:

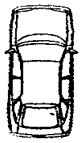
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 10.03.2023

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : PA 7705J

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$

Is driver the owner? (YES / NO)

If **NO**, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

Claim No. :

Policy No. :

Make / Model :

D.O.A : 08.03.2023

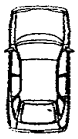
Place of Accident : CORPORATION ROAD TWDS CHIN BEE ROAD

Nature of Accident :

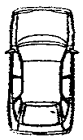
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

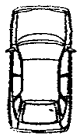
YM 6666A → → →



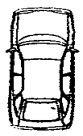
INSRS:
WSP: RYDER AUTO
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

YM 6666A - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
CC6/AXA11013965/Uv1f3c3 14/05/2013 YM 6666A XB 2534T 11/07/2011 17/05/2013 TKE
NA/INC09011361/r 23/05/2009 CHUA CHOON HAN GY 9042E YM 6666A 22/05/2009 26/05/2009 LWS
NJA/FCI08030843/k1 20/11/2008 LIM KOK SIANG XB 2344A YM 6666A 19/11/2008 18/12/2008 LLL
NJA/INC08030737/y1 19/11/2008 KHOO WEE PIN YM 6666A XB 2344A 19/11/2008 15/12/2008 YGC
NJA/INC09011356/y1 23/05/2009 KHOO WEE PIN YM 6666A GY 9042E 22/05/2009 02/06/2009 YGC
NJA/INC09020811/j1 15/09/2009 KHOO WEE PIN YM 6666A TIB 1138 14/09/2009 18/09/2009 NSC
NJM/INC09020597/T1y1 06/10/2009 TIB 1138M YM 6666A 14/09/2009 14/10/2009 MTH

PA 7705J - X

GIA GE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	
After call ltr to OI:	

Documentation Check List:	Handler	Typist
Notification ltr (if non-pickup)		
After call ltr to OI:		
Authorisation To Act:		
Release Voucher:		
Final Repair Bill:		
Car Rental Invoice:		
Towing Invoice		
LTA / GIA :		
Medical Bill:		
PIR:		
Mandate/Reject Instruction:		
LOD		
Payment Breakdown Form:		
Post-Repair Photos:		
Others:		

PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	S$ (days)	Reduction: %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	% (Agreed / Assessed)	BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☐ LOU only ☐	LOR + LOU ☐	LOR + LOI ☐ [**Tick only one**]	
GIA/LTA Search	S$		
Medical:	S$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$		3) Survey fee:
Total:	**S$**	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	